THE

MEDICAL AND SURGICAL REPORTER.

No. 340.] PHILADELPHIA, MAY 23, 1863. [Vol. X.—No. 4.

Original Department.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. Theodore Calhoun,

Surgeon in Chief, 2d Division, 3d Corps D'Armée.

No. 18.

Camp Diarrhœa—continued.

The prognosis is not unfavorable. It is a difficult and most unsatisfactory disease to treat, yet the number of deaths compared with the number of cases is exceedingly small. The vast majority of cases yield, more or less readily, to treatment; and of those cases which are bad and the patient confined to his bed, but a very few cases terminate fatally, unless complications ensue. The per centage of deaths from pure, uncomplicated diarrhœa is very low. During the whole Peninsular campaign, although I treated cases of diarrhœa and dysentery without number, I did not have one death from the uncomplicated disease.

I have said the disease is a most unsatisfactory one to treat, and I am sure every army surgeon will agree with me. You never know when your patient is well. His dysentery checked and he on duty, you are never certain how long that status is to continue. The patient, after one "right smart" attack, never can place any reliance upon his bowels. The constant recurrence of these cases at "sick call," and the repetition day after day of the same old story without the slightest variation, can only be fully appreciated after a year's trial, and I question then if the doctor who tries it don't picture his elysium as a place where no diarrhœa or dysentery is known, and where every one can count confidently on solid evacuations.

I have already pointed out the dangers to be apprehended from tubercular deposition in the progress of the disease. If phthisis does set in the prognosis is most decidedly unfavorable. The patient will die within a very few days; the course of the disease will be rapid, and its result inevitable, and beyond the skill of man to prevent.

There is another complication not as often recognized as that just referred to, yet little less fatal if it is not. It is an attack of Pernicious Fever, (Wood,) or what is ordinarily known as Congestive Chills. Patients, I am convinced, frequently die with this complication without the disease being suspected, and the death is entered in the monthly report as "Colica." Let me detail a few cases that have come under my immediate treatment or notice, premising that I describe them entirely from memory, as I have no data at hand to which I can refer.

Case I.—Private Wm. P., Co. E, 5th Excelsior, had been sick for some time with Chronic Dysentery, but was so far convalescent at Harrison's Landing, that he was in his quarters and walking around camp. One day he fainted at the sink and was brought into the Regimental Hospital.

He was vomiting, with an expression of countenance indicative of a state of great depression; the features were sunken and cadaveric, and so altered that I hardly recognized him; the pulse was scarcely perceptible; the muscles of his lower extremities were in knots with the cramp. He declared he had eaten nothing but a little toast, and described himself as in his ordinary health when he was suddenly taken with vomiting and faintness.

Friction, heat, etc., externally, with sinapisms to the abdomen and calves of the legs, and stimulants freely given internally failed to have any effect, and he died in a few hours. Circumstances precluded a post mortem examination.

Case II.—Private Oscar C., Co. C, 5th Excelsior, had been troubled with a little diarrhœa while lying before Alexandria last fall. I was called to see him in his quarters with the report that he had been suddenly taken very ill. He was well known to me, yet I should not have recognized him. His features were perfectly death-like; pulse to be felt but with difficulty; vomiting; cramps and pain, as in the case just narrated. I had him carried to the Regimental Hospital; placed a strong sinapism on his abdomen, directed frictions to his legs and thighs, and and gave him brandy and quinine without regard to quantity. He rallied slowly, but it was not until the next day that he began to look like himself, and when we left him at Convalescent Camp, when we moved to Manassas in November, although he had been treated on a tonic and invigorating plan, he was still very feeble.

Case III.—Private Andrew B., wagoner, Co. B., 5th Excelsior, was taken the next day after the case above described, and in precisely the same way, and presenting the same symptoms, though not to so marked an extent. He had a similar treatment, but as he was very intractable it was difficult to get him to take all the stimulants de-

sirable. He rallied, and the next morning was much better and walked around. About ten o'clock, after a few yawns and shivers, the train of symptoms re-appeared, and under a like treatment he again rallied. The succeeding day he had a slight attack, but large doses of quinine prevented the reappearance of the disease. Large doses of quinine and a good diet put the patient on duty again in a few weeks.

Case IV.——————2d Excelsior. The patient was under treatment by Dr. Younglove, Assistant Surgeon of the Regiment, for a mild diarrhœa. A few days after the battle of Fredericksburg, he was taken very ill while in his quarters, and died before assistance could be rendered him. His comrades reported that he vomited freely and complained of cramp and pain.

By request of Dr. Ash, Surgeon of the Regiment, I attended the post mortem examination several hours after death. The stomach exhibited no traces of inflammation; the lungs were moderately congested, otherwise there was little evidence of pathological changes.

Case V.—Private Wm. M., Co. D, 5th Excelsior, was taken as were the patients above described, and under a somewhat similar treatment by Dr. Lodge, Assistant Surgeon 5th Excelsior, he rallied and was convalescing, when on the fourteenth day after the attack he was seized with another turn. He was again fortunate in sustaining it, and the liberal administration of quinine prevented a return of the disease, and in due time he resumed his duties.

These, it seems to me, are clearly cases of Pernicious Fever. The comparatively trivial nature of the illness previous to the attack, the suddenness of the attack, the great and alarming prostration, the periodicity so clearly marked in two of the cases, and the recovery under the anti-periodics and stimulants, seem to me to indicate the nature of the complication.

I know that deaths from this complication are seen in other regiments, and for want of a better term are put down as colic. The vomiting leads too many to look only to the stomach and bowels and to ascribe the result to something the patient must have eaten, but he will declare to the contrary, and an inspection of the ejecta proves his truthfulness. The patient is poisoned with malaria. There may be something in the condition of the system, the result of this diarrhœa, which renders the patient peculiarly susceptible to the malariac poison, as I am inclined to think, or it may be simply that he receives a large dose of the poison.

It is not alone sufficient to stimulate the patient. We must give quinine without regard to quantity; it is best given when there is clearly an intermission, but if there be none the quinine must be given freely, for in that lies the patient's only protection against a second and most probably a fatal attack. As far as my experience goes the liability to attack of Pernicious Fever is the complication of Camp Dysentery, by far the most to be dreaded, and it is most effectually guarded against when quinine is used in the treatment of the dysentery.

I regret that the comparatively few death from Camp Dysentery that I have seen, and the great difficulty that attended post mortem examinations in the field, precluded my describing with any thing like accuracy the pathological lesions of this disease. In some post mortem examinations recently made under my direction, at the Division Hospital of this Division, by Drs. Willing, of the 11th New Jersey, and Ridgeway, of the 4th Excelsior, the large intestine was found very extensively ulcerated, not only the colon but also the upper portion of the rectum. In one or two of the cases, the meseteric glands were considerably enlarged.

A SELECTION OF REMARKABLE CASES,

Occurring in a Practice of Eighteen Years.

By E. N. Chapman, M.D.,

Prof. of Therapeutics, Materia Medica and Clinical Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

(Continued from page 356, vol. ix.)

Hydrocephalus Chronicus.

A year ago the last fall I was called to see an infant a week old, which, the day previous, was seized with convulsions. The cause could not be detected; and, as the child was well developed and every function seemed to be naturally performed, it was presumed to be an obscure state of irritability of the nerve centres; which, in so young a patient, would in all probability eventuate in death. The convulsions of a light and transitory character, only continuing a few moments, recurred for many weeks, occasionally skipping a few days; though usually, they numbered from five to twenty in the twenty-four hours. After some little trial of the usual remedies, I told the parents the case was hopeless; and that it was not worth our while to trouble the child with drugs that could do no good. Contrary to our expectations, the child continued to live, notwithstanding, there was no amelioration in its symptoms; and to increase in size and plumpness, though its development was tardy and imperfect. About the second month a divergence of the eyes was very noticeable; at four months the head began to enlarge, when the convulsions became less frequent, and eventually ceased altogether; at five months the fontanels were large, the cranial bones widely separated at their sutures, at which time the head must have contained nearly a pint of fluid.

After the period above mentioned, not having seen the child for ten days, I was sent for again. Great was my astonishment at finding the head completely emptied of the dropsical effusion; the bones loose and movable, and the fontanels and spaces, when the sutures were separated, cupped

downwards by the pressure of the atmosphere. The mother, and another woman living in the same house, stated, that for the three previous days, clear drops of water trickled down from the ears and nose, but more especially from the last named; and that at the same time, the head began to lessen in size, the soft parts to fall in and the bones to settle together.

Now also the convulsions returned.

The fluid had ceased to ooze away, when I saw the patient, and none, as I satisfied myself, remained within the skull. I tried, with the hands, what would be the effect of restoring to the brain-mass, as far as possible, an equable pressure; which nature, so to speak, negligently omitted to do in this remarkable freak of her surgery; but as this procedure excited continuous convulsions, the idea that I entertained of applying adhesive strops was not carried out. The child died the following evening. No persuasion could induce the parents to consent to an autopsy.

My colleague, Dr. GILFILLAN, saw this case during the height of the dropsical distension of the head, and when after death the fluid had disappeared.

Procidentia Uteri during Gestation.*

Mrs. W., healthy, spare habit, and the mother of three children, came under my observation during her second confinement. My attention had been called to nothing unusual in her case. I saw Mrs W. on the 19th November, 1849; she remarked that her womb had been down for three weeks, with a constant bloody discharge, rather freer than the menses, but natural in appearance. For three weeks she had been constantly on her feet attending to her household affairs. During the three weeks she had made many efforts to reduce the womb, which, from its size and tenderness, were ineffectual. I directed her to keep her bed till the next morning, and in the meantime foment the womb constantly, when I would call again and reduce it.

Nov. 20th.—On examination, I found the womb of the size of the two closed fists, completely external to the body. My thumb and fingers could meet above its fundus, external to the vulva, having only the inverted vaginal walls and ligaments of the womb between them. When she was erect, the womb must have extended nearly to her knees. At the time, I supposed the enlargement of the womb arose from its strangulation and congestion. It is proper to remark, that Mrs. W. said she had been subject, since her first child was born, to an almost constant procidentia when she was on her feet, which she never before had found trouble in reducing. I effected the reduction without much difficulty; applied a compress over the vulva, with a T bandage, and directed her to get up after two or three hours.

Nov. 21st.—Immediately on getting out of bed, the procidentia occurred again. I directed her to lie down, and then found the womb more irritable and larger than before. I reduced it immediately, but with considerable difficulty and the exertion of some force. She was directed to keep the recumbent posture and use astringent injections; a putrid discharge followed, and continued five days. On the 4th of December she felt life, fifteen days from the first reduction. After this time she was allowed to get up, and I discontinued my visits after the 8th.

On the 15th of March I was called to Mrs. W. again. She said that she had continued feeling-life stronger and stronger every day since I had last seen her; that the womb had been down many times since my last visit, but that she had been able to put it back; that now it was down further and of greater size than ever before, and that she could not reduce it. Besides, she had labor-pains that recurred every ten minutes. I found the fundus uteri as high as the umbilicus; the neck of the womb, external to the genital fissure, something larger than the two closed fists. Through the os uteri I could feel the child's head resting on the rami of the ischia and ossa pubis. As I failed to reduce the uterus while she lay in bed, I directed her to turn on her face, resting on her knees and shoulders, in which position I easily succeeded. On examination, I felt the os uteri dilated to the extent of a circle two inches in diameter. The pains gradually subsided, and in two hours time the os uteri had contracted to the size of half a dollar.

On the 29th of March she was taken in labor, and delivered of a strong, vigorous female child, weighing six pounds. She must have been at her full term, from the development of the child's head; the posterior fontanel was closed, and the anterior was no more open than usual. No procidentia occurred during the labor, but the womb rested low in the pelvis. Mrs. W. said that the womb had come down every two or three days since the reduction in November, and also in March, but that, by lying down, she could reduce it. Probably after the reduction in November, the procidentia was only partial. During her whole gestation the child's head undoubtedly rested on the perinæum, as she remarked that it always seemed to her that she sat on the child.

She was delivered 130 days after the reduction in November, consequently (allowing 280 days for the term of gestation) she was at that time advanced 150 days, or 21 weeks and three days, or about five months. At this time, it is to be recol-

* Republished from New York Journal of Med., 1854, and Ranking's Abstract, 1855.

lected, when she was five months advanced in pregnancy, the womb had been completely external to her body, hanging nearly to her knees for the space of three weeks; and during this time she continued about her house every day, suffering nothing more than the inconveniences of dragging pains, the discharge, and the obstruction to walking, from the bulk of the womb and its tenderness.

[To be continued.]

Hospital Reports.

PHILADELPHIA HOSPITAL,
January 31*st*, 1863.

SURGICAL CLINIC OF PROF. GROSS.

Reported by *J. E. Owens*, M. D., Resident Surgeon.

Tertiary Syphilis.

H—— J——, aged 24 years, a Russian by birth. You see, gentlemen, in this case, the loss sustained by tertiary syphilis. The entire external nose is gone. The nasal bones, the nasal processes of the two superior maxillary bones, and the turbinated bones have all been destroyed. The hard and soft palate, the uvula and the tonsils remain uninjured. So extensive is the destruction of parts that the roots of the superior incisor teeth are exposed. There remains an immense cavity extending into the mouth. The patient came into the ward about one month ago, greatly exhausted and emaciated. Five years ago, he had chancres, but no buboes—nor has he had nodes. There is at present a slight scaly eruption upon his body. The nose has been in this condition about a year. There is no alopecia.

It is impossible to say why the disease should explode on a certain set of organs, in preference to others. There is no reason, so far as we know, why it should not have attacked the uvula, the tonsils and the palate. Such effects are consequent upon the remote stage of the disease. The patient came in exhausted from long continued suffering. There has, however, been a wonderful improvement under the administration of the following prescription, repeated every 8 hours:

℞ Potass. Iodid. gr. x
Hydrarg. Bichlorid. gr. 1-10
Syr. Simplicis ʒ ss. M.

In conjunction with this treatment, he takes quinine and iron, milk punch, good diet, and half a grain of sulphate of morphia at night, to procure sleep. The ulcer is granulating, and everything is in a healthy condition. If the weather permits it, we will send him out into the open air. We may be able by and by, to make for the patient a new nose; yet it will be very difficult to do this, on account of the loss of bone. This case, gentlemen, shows in the first place, the humiliating ravages of this horrible disease; and, in the second, the astonishing effects of the specific treatment.

March 24th. The patient has improved rapidly. His appetite is good; he has no pain; his skin is in good condition; he sleeps well.

Stricture and Fistule of the Urethra.

J—— V——, aged 30. On the under portion of the urethra, is observed a small, red papilla, which is diagnostic of urethral fistule. A contraction of the uretha is found near its orifice, in that portion of the tube which corresponds to the head of the penis. Just behind this stricture, a ruinous abscess is found which ultimately produced a fistule. In order to cure the fistule, it is necessary to re-establish the continuity of the canal. The stream of water is the size of a small straw. The stricture, at the seat of the fistule, having been divided, and a catheter passed through it, a second one is encountered at the membranous portion of the canal. The latter is very tight and exceedingly callous. An attempt is made to divide the latter, but owing to the inefficiency of the urethratome, and to the large size, and blunt point of the catheter, we are obliged to postpone further operation. These strictures were caused by gonorrhœa.

March 24th. Another operation has not yet been performed.

Hypopion.

J—— D——, aged 60. This is an interesting case. The opaque deposit, which we see, appears to be in the anterior chamber of the eye; but it is in reality situated in the substance of the cornea. It constitutes what is termed hypopion, which is an infiltration of pus, or of pus and lymph in the cornea, the result of inflammation of its tissues. The patient has also sclerotitis and conjunctivitis. In such an affection, there is a tendency to discharge of the pus, either into the anterior chamber of the eye, or externally. Should this infiltration encroach much upon the iris, it must be evacuated by incision. As the patient suffers much from pain and loss of sleep, Dr. Gross directed a grain of morphia for him at bed time, three grains of quinine four times daily, and one grain of calomel every twelve hours: exclude the light and use cold or tepid water to the part, according to the feelings of the patient. When the disease is attended with active inflammation in a stout, robust person, take blood from the arm, and by leeches from the temples; but usually depletion in all its forms is contra-indicated.

March 24th. The patient has recovered; but there is still some opacity. He can see out of the affected eye, but his vision is impaired.

Editorial Department.

Periscope.

FOREIGN.

REVIEW AND SUMMARY
Of
"Clinical Studies upon Repeated Evacuations of the Aqueous Humor in Diseases of the Eye."*

TRANSLATED AND ARRANGED
For the Medical and Surgical Reporter,
BY A. METZ, M. D.,
Of Masillon, O.

Preliminary Remarks.

M. SPERINO does not give Ophthalmo-centesis as a new method; he claims nothing, but the manner of its application, and the extent thereof. He gives the following preliminary remarks: "I use a small double-edged knife, very slightly curved on the blade, and presenting a longitudinal projection upon each of its facets, which renders it a little convex transversely, and facilitates the penetration of the

* This is the Review and Summary of a volume of 494 pages by C. SPERINO, Professor of Ophthalmology in the University of Turin, edited by the co-operation of CH. REYMOND, assistant of the Ophthalmological Clinic, etc. It is from the pen of Doctor WARLOMONT, in the October number of "*Annales d'Oculistique*," 1862.

instrument. The breadth is nearly three millimètres. This knife, the same as used by M. GUERIN for sub-conjunctival strabotomy, is introduced into the anterior chamber, the concave surface forward, at a point selected in the circumference of the cornea, or even encroaching a little upon the sclerotica, at its extreme limits, where it already covers the cornea. The first time of the operation, is not intended to evacuate the aqueous humor; that is much better regulated with a small button-ended stylet of metal or whalebone. To evacuate the humor, the stylet is introduced in the opening, and slight pressure made backward. The place of election for the puncture is made near the periphery or sclerotical border of the cornea so as to leave no cicatrix. The evacuation of the aqueous humor by the same opening, can be practiced in two manners, *coup sur coup*, and followed by several days of repose, or at longer intervals, and during a very long time. This is done by means of the blunt stylet introduced mornings and evenings, or several times a day. A compress of ice water is applied to the eye, and retained several hours after each evacuation. The dietetic system need not be changed."

The repeated evacuations of the aqueous humor, exercise a powerful influence upon the circulation, the innervation and the nutrition of the eye. In emptying the anterior chamber, the internal pressure is relieved; in repeating the evacuations, an abundant secretion of the aqueous humor is provoked, and by multiplying the evacuations, the augmented secretion can be rendered almost continual. "As the first effects," says the author, "we have the regularization of the circulation, and the diminution of the congestion or inflammation, whatever its form, seat or intensity. I say regularization, for the circulation in becoming physiological, acquires the activity observed in the circulation of all organs consequent on the prolonged exercises of their functions."

These are the considerations which have served M. SPERINO as points of departure for the establishment of his indications for ocular paracentesis, where we will succinctly follow him.

I. Chronic Glaucoma.

MM. GRÆFE and MACKENZIE have reported examples of cures nearly durable, or of the arrest of chronic Glaucoma by paracentesis: but they have stopped with the puncture and one evacuation of the anterior chamber. M. SPERINO has instituted this practice, and by it has the most constant success. As the aqueous humor evacuates, the pupil, more or less dilated, immediately contracts and regains its mobility, but soon relapses to the size before the operation. It is only at the end of a number of evacuations that this effect is of longer duration, and finally altogether persistent. At the same time the injection of the deep vessels of the scleratica diminishes; the globe becomes softer, the return of sensibility follows. The phenomena most interesting and also the most important to establish, is the very manifest augmentation of the aqueous humor, in proportion to the repetition of the evacuations, and especially the correlation which exists between this superactivity of secretion, and the disappearance of the other symptoms of glaucoma. This augmentation ordinarily precedes a day or two, the amelioration of vision, which permits a sure prognosis. At the same time the diameters of the anterior chamber regain little by little their normal state. When the latter presents a tint slightly dull and dirty, the eye is cleared by the evacuations. Finally a complete change of the external bulb of the eye takes place, restoring its vivacity and normal white color. The deep parts of the eye undergo the same amelioration as in irridectomy. Sometimes the amelioration of sight is so prompt as to be truly astonishing; a single evacuation sometimes enables the patient to realize a sensible improvement.

The evacuations and irridectomy are followed by analogous phenomena; only irridectomy acts more promptly; the author combines the two operative methods. In the first period when the patient yet readily distinguishes objects of medium size, the evacuations are sufficient; five or six sittings for evacuations, *coup sur coup*, or rather one or two weeks of daily evacuations procure ordinary relief bordering nearly on a cure. If the case is more advanced, it is necessary to continue them a longer time, and frequently to suspend them after a few days to husband the ocular sensibility, and then resume them again. If the glaucoma has reached its last stages, the evacuations no longer suffice; we commence with them for several days, and then irridectomy is performed. When relief by this operation is not manifested or not sustained, the evacuations are again resorted to. These are sometimes fruitfully applicable in cases of relapse after irridectomy. It is especially in the most grave cases, when glaucoma is complete, that the combination of the two methods is of evident efficacy.

The author cites eighteen cases in which six are reported completely successful, brought about by evacuations alone, in cases more or less grave, and twelve by irridectomy combined with evacuations. The latter always were practiced with success when irridectomy had only given negative or incomplete results. In one case a phlegmon of the eye brought about by the imprudences of the patient, neutralized the result, up to that time almost complete.

II. Choroidite Posterieur; Sclero-Choroidite posterieur; Staphyloma posterieur; Amaurose Glaucomateuse.

In these affections the choroidea is not in a physiological state; it is congested, and the congestion as it extends is diminished towards the equator. Choroiditis may assume various forms. As to the color the choroid may present changes, according to the pigmentation, according to the shade of the congestion, more decided in one or another order of vessels. In all the varieties the evacuations have an equally efficacious action; in those cases where general choroiditis tends to produce atrophy of its elements, they arrest the atrophy of the pigment, and choroid. When a mass of pigment is formed, we do not obtain its constant, nor always its complete disappearance, but it is never augmented nor produced from the time of the evacuations. If the affection is far enough advanced to produce momentary obscurity of vision, it is seen immediately to disappear. Here, as in glaucoma, we must not limit ourselves to a first treatment; the patient after a period of repose, ought to submit again to the evacuations, as long as amelioration is attained. It must not be forgotten that those affections are rarely the result of merely local lesion, and an appropriate general treatment ought to be concurrently established.

Eighteen cases of cures, or of notable amelioration are reported of the divers affections specified at the head of this paragraph.

III. Asthenopia; Mydriasis.

In asthenopia we ordinarily observe the general condition of the organism predisposed to congestion of the choroidea. The vortices of the equator, and especially the anterior, show themselves to the ophthalmoscope, less dilated, less red after the cure, from which we may admit as a cause of asthenopia, the compression by the engorged vessels, of the

nerves particularly concerned with accommodation. Few evacuations of the aqueous humor suffice for the re-establishment of the dimensions of the anterior chamber, the movement of the iris, and to remove, day by day, the presbyopia. They not only relieve the congestion of the retina, but also regulate the normal activity of the circulation. Ten cures are reported under this class of diseases.

IV. Hemeralopia.

The author treats by this method, such cases of this affection as do not yield readily to the ordinary means. In the three cases of cures that he reports, congestion of the choroid had previously been detected.

V. Disorders in the circulation of the Retina; Retinitis; Exudations upon the Retina and Choroid.

This affection, isolated or combined, is nearly always found with chroidal inflammation, the treatment by evacuations will also be quite efficacious. The exudations on the retina and choroid are rapidly absorbed, as is demonstrated by annexed report of six cases.

VI. Detachment of the Retina; Atrophy, extensive, grave, of the Choroidea.

If the raising of the retina is caused by sub-retinal hæmorrhage, circumscribed as well as extensive, when recent, the complete absorption of the extravasation, and the return of vision in the raised part, may be expected. If the sensibility of the whole retina is not extinct, ordinarily by the first evacuation, very sensible improvement of vision is obtained proportioned to the degree of the congestion; only the intolerance to the operation often continues a few days. Sometimes the tumor formed by the raised retina is seen sensibly to diminish; the field of vision is extended, and sometimes along the borders of the raised part, sensibility is regained. Here it is necessary to evacuate only a part of the aqueous humor, and to suspend the procedure on the least indication of reaction, and double vigilance is demanded. The general treatment must not be neglected. The author reports four cases notably relieved by his operations.

VII. Opacity of the Vitreous Body.

This alteration, when accompanied with affection of the deep membranes of the eye, is not relieved until the disappearance or sensible alleviation of the disorders of the internal circulation. Absorption is not possible in an eye in which the choroid and iris are inflammed, or much congested. Under such circumstances, the patient sees better, more clearly, after a few evacuations, and the more decided are the symptoms of congestion, the more prompt, is the relief. The signs of relief are accompanied by the symptoms that denote a more normal condition of the diseased internal membranes; the reappearance of *phosphènes*, return of the anterior to its normal dimensions, etc., etc. It is only then that a true change in the vitreous body can be detected. The extensive opacities disappear slowly. When the general opacity has interspersed through it larger, more opaque, and consequently more obscure bodies, which disappear latest, until greyish granules are seen floating in the vitreous body. The nearer they are to the lens, the more speedily they seem to be absorbed. When the trouble of the vitreous humor is connected with alterations yet existing in the iris or ciliary body, the opacities are not absorbed until after the disappearance of those alterations; this absorption is the more rapid, as the atrophy of the vessels of the choroid toward the equator of the bulb is less decided. The age of the alterations in the vitreous body, abstractions made of the progress and of the degree of the malady do not always appear to cause any great variations in the action of the evacuations.

The precise duration of the treatment cannot be fixed; combatting the general causes must never be neglected. When there is at the same time detachment of the retina, it is necessary to act with extreme prudence, and not empty each time the anterior chamber wholly, but partially; the prolonged application of iced compresses, and perhaps also a little compression of the eye with heavy ice compresses, will guard against accidents. A molecular change, and absorption of morbid products must not be looked for until after the bulb has regained its consistence and normal form; it is congestion that must first be combatted; secretion and absorption are not modified until later. Then the circulation is rendered active by the evacuations and the work of modification of the secreted liquid is the more speedy and complete, in proportion as the circulation of the choroid has been enabled to resume regularly its functions. The vitreous body cannot regain all of its primitive characteristics, but will regain its quantity and transparency.

Eleven cases minutely detailed confirm the accuracy of the views expressed above.

VIII. Choroido-Iritis.

The evacuation of the aqueous humor in these slow affections, against which the resources of art are ordinarily powerless, is of incontestible efficacy, especially when combined with irridectomy. The author illustrates this by the history of eleven cases, which leave no doubt as to the importance to be attached to this energetic practice.

[To be continued.]

Reviews and Book Notices.

Clinical Lectures on the Diseases of Women and Children. By Gunning S Bedford, A. M., M. D., Prof. of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New York; author of the Principles and Practice of Obstetrics. "*Medicus curat morbos, natura sanat Hippocrates.*" *Eighth edition*, carefully revised and enlarged. Pp. 668. New York: William Wood & Co. 1863. Price, $3.50.

The first edition of this work was published in 1855, since which time there has been a demand for a new edition every year. This fact bears sufficient testimony to the popularity of the work, which must have unusual claims to merit, thus to continue in public favor. Very few authors have been more fortunate than Dr. Bedford. His books have been well received by critics, both in America and Europe, and editions of the work before us have been published in the French and German languages.

The present edition, besides amendments and additions to the text, contains an additional lecture on Carcinoma of the Uterus, which we have perused with a great deal of interest, and which evinces learning, observation and research. The author—and he has the support of other writers—attributes a much greater frequency to this terrible disease than we had supposed properly belongs to it. We doubt whether many of our readers are prepared for the assertion that carcinoma of the uterus is of much greater frequency than cancer of the breast; yet such it is asserted, is the fact. It is but natural to wish that our author could have thrown some light on the curative treatment of this sad disorder.

The work is well printed on good paper, and is issued in good style.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 23, 1863.

MALIGNANT SCARLATINA;

"Spotted Fever."

It is well known to the profession, that under certain circumstances, ordinary diseases appear under forms that, to the superficial observer, gives the idea that the disease is a new one. Hence the newspapers, the public, and some ignorant physicians, are ever and anon announcing the appearance of new epidemics, diseases that were never heard of before, etc.

Such has recently been the case in the vicinity of Philadelphia, where a few cases of a malignant form of scarlet fever have occurred, causing great and unnecessary alarm in some neighborhoods. The intelligent physician very soon learns the character of an epidemic, whatever form it may wear, and adapts his remedies accordingly. Such has been the case with respect to the cases referred to above, which have appeared in the neighborhood of this city. We have heard of no cases occurring within the thickly populated portions of the city.

The following communication from Dr. Elwood Harvey, of Chester, Pa., will throw some light on the subject:

The existence in Philadelphia and vicinity of a disease which is characterized by petechiæ and great fatality, is well known to our profession hereabout, and to the public, which has given it the name of "Spotted Fever." Having seen some cases of it that looked like malignant scarlatina, I wrote to a few physicians in places where it was prevalent, to ask for the results of their observations, and to inquire particularly what other epidemic disease, if any, immediately preceded or accompanied the so-called "new disease." In response to my inquiries I received, among several others, the following from Dr. J. B. Dunlap, of Norristown, which is so full of information that I asked his permission to make some extracts from it for publication. In his reply assenting to the publication, he says: "I had no idea at the time I wrote it that it would become public property, but I have no reason why it should be withheld from the profession if it would be at all acceptable. I have given you the results of my observations honestly, and if they do not coincide with those of others more capable of judging correctly, they may, at least, suggest a closer attention to the character of the disease in question." His letter is dated Norristown, May 9, and in it he says, after admitting the existence there of a malignant and fatal disorder, but doubting its being a new disease: "Within the last four weeks I have had six cases of the disease here styled 'Spotted Fever.' The first was a little girl four years of age; she had a chill, complained of some soreness of throat, and a rash simulating that of scarlatina was indistinctly visible on the face and back. At my second visit I found her laboring under great prostration, difficult respiration, a mottled condition of the whole surface, with isolated patches of petechiæ. I diagnosed congestive scarlatina, if I may be permitted to use that expression, and treated the case with chlorate of potash, warm brandy and wine-whey internally, and by frictions with hot alcohol and the external application of artificial heat in blankets, bottles of hot water, &c. She recovered, but convalescence was slow. For days I gave her Huxham's tincture, chlorate of potash, and tincture of iron, with a good rich diet. She has now purulent otorrhœa and a partial paralysis of the left leg.

The second case was a child three years of age. He had the eruption of scarlatina indistinctly spread over the whole body; no other symptom was present, and I thought he would require but little medical attention. Early on the following morning I was sent for and found the little patient comatose, the surface cool with a few petechiæ. He was treated with stimulating frictions and warmth externally, and with blisters to the temples. In a few hours he recovered from the stupor, and as soon as able to swallow, chlorate of potash, wine-whey and warm brandy were administered, with as much nutriment as he would swallow. The little fellow is recovering, with his hearing somewhat impaired. I am firm in the belief that this was a clear case of scarlatina, not judging from the symptoms alone, but also from the fact, that a servant girl in the family had, at the same time, well-developed scarlet fever, from which she has just recovered."

Dr. Dunlap describes several other cases which he treated, and which did not differ materially from those I have quoted. In conclusion, he says: "As you have asked for my views in reference to the subject, I will honestly give you them. I do not believe that a new disease, as you justly remark, vulgarly called 'spotted fever,' has been among us; but I do believe, that an ugly, masked form of scarlet fever has. I know of two of our most intelligent physicians who have been called in consultation in cases termed 'spotted fever,' and they both told me they were

cases of scarlet fever, and that all the sequelæ were identical with those of scarlet fever."

Dr. George W. Holstein, of Bridgeport, Montgomery county, says: "A stimulating treatment has seemed to answer a better purpose than any other in this disease styled 'spotted fever.' Turpentine has been my chief dependence, given by the mouth and as an enema.

Dr. J K. Reid, of Conshohocken, says there have been eight cases there, and he has found a stimulating treatment most useful.

Here, in Chester and vicinity, about twenty cases have occurred in a population of six thousand, (6,000.) My first case was clearly a case of scarlet fever. The tongue, throat, and eruption were all so precisely like other cases of that disease, which was then very prevalent here, that no physician, I think, could be in doubt if he saw the case. There had been a case of scarlet fever in the family about ten days before, and the patient had been exposed to the contagion. He died in a convulsion; and after death suggillations appeared chiefly in the under part of the body, to which the disorganized blood was determined by gravity, and about the neck and breast, where the eruption of scarlatina had been most developed. A few incisions through the skin revealed the fact, that these spots were caused by the accumulation of uncoagulated blood. In the absence of the attending physician, I was called to another case which died on the day I saw it. It was, I think, a case of scarlatina; and that opinion is confirmed by the existence of two plainly marked cases of that disease in the same family at the same time. There was no eruption of scarlatina visible when I saw the case, but the parents told me there had been, and the livid spots appeared about the time of the child's decease.

As my purpose is not to give you my views in relation to this disease on any other point than its true nature, I shall not detail the symptoms and treatment of other cases, but will merely say, that I have seen nothing in any of them to make me doubt that it is a peculiar form of malignant scarlatina.

THE HUMAN WHEEL,
Its Spokes and Felloes.

In the "Atlantic Monthly" for this month, Dr. Oliver Wendell Holmes has an elaborate, and well-written illustrated article under the above title, in which he enters somewhat into the physiology of walking. Dr. Holmes shows that while human ingenuity has been equal to making a machine that will *speak*, it has been unequal to the task of making a *walking* machine. In this connection he introduces a notice of the nearest approach to such a machine that has ever been made—the artificial limbs of our townsman B. Frank Palmer, Esq. We will let Dr. Holmes speak for himself.

The starting-point of this paper was a desire to call attention to certain remarkable American Inventions, especially to one class of mechanical contrivances, which, at the present time, assumes a vast importance and interests great multitudes. The limbs of our friends and countrymen are a part of the melancholy harvest which War is sweeping down with Dahlgren's mowing-machine and the patent reapers of Springfield and Hartford. The admirable contrivances of an American inventor, prized as they were in ordinary times, have risen into the character of great national blessings since the necessity for them has become so widely felt. While the weapons have gone from Mr. Colt's armories have been carrying death to friend and foe, the beneficent and ingenious inventions of Mr. Palmer have been repairing the losses inflicted by the implements of war.

It is not two years since the sight of a person who had lost one of his lower limbs was an infrequent occurrence. Now, alas! there are few of us who have not a cripple among our friends, if not in our own families. A mechanical art which provided for an occasional and exceptional want has become a great and active branch of industry. War unmakes legs, and human skill must supply their places as it best may.

Our common idea of a wooden leg is realized in the "peg" of the Greenwich pensioner. This humble contrivance has done excellent service in its time, and may serve a good purpose still in some cases. A plain working-man, who has outlived his courting days and need not sacrifice much to personal appearance, may find an honest, old-fashioned wooden leg, cheap, lasting, requiring no repairs, the best thing for his purpose. In higher social positions, and at an age when appearances are realities, in the condition of the Marquis of Anglesea, for instance, it becomes important to provide the cripple with a limb which shall be presentable in polite society, where misfortunes of a certain obtrusiveness may be pitied, but are never tolerated under the chandeliers.

The leg invented by Mr. Potts, and bearing the name of the "Anglesea leg," was long famous, and doubtless merited the reputation it acquired as superior to its predecessors. But legs cannot remain stationary while the march of improvement goes on around them, and they, too, have moved onward with the stride of progress.

A boy of ten years old, living in a New Hampshire village, had one of his legs crushed so as to

require amputation. The little fellow was furnished with a "peg," and stumped around upon it for ten years. We can imagine what he suffered as he grew into adolescence under the cross of this unsightly appendage. He was of comely aspect, tall, well-shaped, with well-marked, regular features. But just at the period when personal graces are most valued, when a good presence is a blank check on the Bank of Fortune, with Nature's signature at the bottom, he found himself made hideous by this fearful-looking counterfeit of a limb. It announced him at the threshold he reached with beating heart by a thump more energetic than the palpitation in his breast. It identified him as far as the eye of jealousy could see his moving figure. The "peg" became intolerable, and he unstrapped it and threw himself on the tender mercies of the crutch.

But the crutch is at best an instrument of torture. It presses upon a great bundle of nerves; it distorts the figure; it stamps a character of its own upon the whole organism; it is even accused of distempering the mind itself.

This young man, whose name was B. Frank. Palmer, set himself at work to contrive a limb which should take the place of the one he had lost, fulfilling its functions and counterfeiting its aspect so far as possible. The result was the "Palmer leg," one of the most unquestionable triumphs of American ingenuity. Its victorious march has been unimpeded by any serious obstacle since it first stepped into public notice. The inventor was first introduced by the late Dr. John C. Warren, in 1846, to the Massachusetts General Hospital, which institution he has for many years supplied with his artificial limbs. He received medals from the American Institute, the Massachusetts Charitable Association, and the Great Exhibition in New York, and obtained an honorary mention from the Royal Commissioners of the World's Exhibition in London,—being the only maker of legs so distinguished. These are only a few of fifty honorary awards he has received at various times. The famous surgeons of London, the *Société de Chirurgie* of Paris, and the most celebrated practitioners of the United States have given him their hearty recommendations. So lately as last August, that shrewd and skilful surgeon, Dr. Henry J. Bigelow, who is as cautious in handling his epithets as he is bold in using the implements of his art, strongly advised Surgeon-General Hammond to adopt the Palmer leg, which, after a dozen years' experience, he had found none to equal. We see it announced that the Board of Surgeons appointed by the Surgeon-General to select the best arm and leg to be procured by the Government for its crippled soldiers chose that of Mr. Palmer, and that Dr. Hammond approved their selection.

We have thought it proper to show that Mr. Palmer's invention did not stand in need of our commendation. Its merits, as we have seen, are conceded by the tribunals best fitted to judge, and we are therefore justified in selecting it as an illustration of American mechanical skill.

Man, according to the Sphynx, is successively a *quadruped*, a *biped*, and a *triped*. But circumstances may change his natural conditions. If he loses a leg, he becomes a *uniped*. If he loses both his legs, he becomes a *nulliped*. If art replaces the loss of one limb with a factitious substitute, he becomes a *ligniped*, or, if we wish to be very precise, a *uniligniped*; two wooden legs entitle him to be called a *biligniped*. Our terminology being accepted, we are ready to proceed.

To make ourselves more familiar with the working of the invention we are considering, we have visited Mr. Palmer's establishments in Philadelphia and Boston. The distinguished "Surgeon-Artist" is a man of fine person, as we have said. But if he has any personal vanity, it does not betray itself with regard to that portion of his organism which Nature furnished him. There is some reason to think that Mr. Palmer is a little ashamed of the lower limb which he brought into the world with him. At least, if he follows the common rule and puts that which he considers his best foot foremost, he evidently awards the preference to that which was born of his brain over the one which he owes to his mother. He walks as well as many do who have their natural limbs, though not so well as some of his own patients. He puts his vegetable leg through many of the movements which would seem to demand the contractile animal fibre. He goes up and down stairs with very tolerable ease and dispatch. Only when he comes to *stand* upon the human limb, we begin to find that it is not in all respect equal to the divine one. For a certain number of seconds he can poise himself upon it; but Mr. Palmer, if he indulges in verse, would hardly fill the Horatian complement of lines in that attitude. In his anteroom were unipeds in different stages of their second learning to walk as lignipeds. At first they move with a good deal of awkwardness, but gradually the wooden limb seems to become, as it were, penetrated by the nerves, and the intelligence to run downwards until it reaches the last joint of the member.

The *willow*, which furnishes the charcoal for the gunpowder that blows off limbs, is the wood chosen to supply the loss it has helped to occasion. It is light, strong, does not warp or "check" so much as many other woods, and is, as the workmen say, *healthy*, that is, not irritating to the parts with which it is in contact. Whether the *salicine* it may contain enters the pores and invigorates

the system may be a question for those who remember the drugs in the Sultan's bat-handle and the remarkable cure they wrought. This wood is kept in a dry-house with as much care as that intended for the manufacture of pianos. It is thoroughly steamed also, before using.

The wood comes in rudely shaped blocks, as lasts are sent to the factory, seeming to have been coarsely hewed out of the log. The shaping, as we found to our surprise, is all done by hand. We had expected to see great lathes, worked by steam power, taking in a rough stick and turning out a finished limb. But it is shaped very much as a sculptor finishes his marble, with an eye to artistic effect,—not so much in the view of the stranger, who does not look upon its naked loveliness, as in that of the wearer, who is seduced by its harmonious outlines into its purchase, and solaced with the consciousness that he carries so much beauty and symmetry about with him. The hollowing out of the interior is done by wicked-looking blades and scoops at the end of long stems, suggesting the thought of dentists' instruments as they might have been in the days of the giants. The joints are most carefully made, more particularly at the knee, where a strong bolt of steel passes through the solid wood. Windows, oblong openings, are left in the sides of the limb, to insure a good supply of air to the extremity of the mutilated limb. Many persons are not aware that all parts of the surface *breathe* just as the lungs breathe, exhaling carbonic acid as well as water, and taking in more or less oxygen.

One of the workmen, a pleasant-looking young fellow, was himself, we were told, a ligniped. We begged him to give us a specimen of his walking. He arose and walked rather slowly across the room and back. "Once more," we said, not feeling quite sure which was Nature's leg and which Mr. Palmer's. So he walked up and down the room again, until we had satisfied ourselves which was the leg of willow and which that of flesh and bone. It is not, perhaps, to the credit of our eyes or observing powers, but it is a fact, that we deliberately selected *the wrong leg*. No victim of the thimble-rigger's trickery was ever more completely taken in than we were by the contrivance of the ingenious Surgeon Artist.

Our freely expressed admiration led to the telling of wonderful stories about the doings of persons with artificial legs. One individual was mentioned who *skated* particularly well; another who *danced* with zeal and perseverance; and a third who must needs *swim* in his leg, which brought on a dropsical affection of the limb,—to which kind of complaint the willow has, of course, a constitutional tendency,—and for which it had to come to the infirmary where the diseases that wood is heir to are treated.

But the most wonderful monuments of the great restorer's skill are the patients who have lost both legs—*nullipeds*, as presented to Mr. Palmer, *bilignipeds*, as they walk forth again before the admiring world, balanced upon their two new-born members. We have before us delineations of six of these hybrids between the animal and the vegetable world. One of them was employed at a railway station near this (Atlantic) city, where he was often seen by a member of our own household, whose testimony we are in the habit of considering superior in veracity to the naked truth as commonly delivered. He walked about, we are assured, a little slowly and stiffly, but in a way that hardly attracted attention.

The inventor of the leg has not been contented to stop there. He has worked for years upon the construction of an artificial *arm*, and has at length succeeded in arranging a mechanism, which, if it cannot serve a pianist or violinist, is yet equal to holding the reins in driving, receiving fees for professional services, and similar easy labors. Where Mr. Palmer means to stop in supplying bodily losses it would be premature to say. We suppose the accidents happening occasionally from the use of the guillotine are beyond his skill, and spare our readers the lively remark suggested by the contrary hypothesis.

It is one of the signs of our advancing American civilization, that the arts which preserve and restore the personal advantages necessary or favorable to cultivated social life should have reached such perfection among us. American dentists have achieved a reputation which has sent them into the palaces of Europe to open the mouths of sovereigns and princes as freely as the jockeys look into those of horses and colts. Bad teeth, too common among us, help to breed good dentists, no doubt; but besides this, there is an absolute demand for a certain comeliness of person throughout all the decent classes of society. It is the same standard of propriety in appearances which lays us open to the reproach of caring too much for dress. If the national ear for music is not so acute as that of some other peoples, the national eye for the harmonies of form and color is better than we often find in older communities. We have a right to claim that our sculptors and painters prove so much as this for us. American taste was offended, outraged, by the odious "peg" which the Old-World soldier or beggar was proud to show. We owe the well-shaped, intelligent, docile limb, the half-reasoning willow of Mr. Palmer, to the same sense of beauty and fitness which moulded the soft outlines of the Indian Girl and the White Captive in the studio of his name-sake at Albany.

Notes and Comments.

Medical Society of the State of Pennsylvania.

We trust there will be a full representation from all the counties at the meeting of this Society, in this city, on 10th of June. Preparation will be made by the Committee of Arrangements for a suitable reception of delegates.

The list of those elected to represent the *Philadelphia County Medical Society* will be found in another column.

District Medical Society for the County of Essex, New Jersey.

The District Medical Society for the County of Essex met on Monday, May 4, at the Park House, Orange, at two o'clock, P. M. There were twenty-eight members present. Dr. STEPHEN WICKES, President. He read a highly interesting paper on the subject of "The Medical Man, his History and Relations." A vote of thanks was tendered by the Society to Dr. WICKES, and he was requested to publish it in some of the Medical Journals. Drs. ROBERT RUSKET, and GEORGE W. STICKNEY were elected members of the Society. Drs. I. A. NICHOLS and MILTON BALDWIN were then chosen Censors, to supply the places of those absent at the seat of war.

The following officers were elected for the ensuing year. Dr. W. M. BROWN, President,; WM. PIERSON, Jr., Vice President; P. L. DODD, Secretary; E. P. NICHOLS, Treasurer.

Delegates to the State Society—Drs. L. M. CRANE, J. A. CROSS, P. L. DODD, CHRISTOPHER EYRICH.

Alternates—Drs. A. M. MILLS, R. A. OSBORNE, E. P. NICHOLS, I. A. NICHOLS.

Drs. BROWN and PERSONET were chosen delegates to the National Medical Convention, which meets this year at Chicago, with the power to fill vacancies. Drs. DOUGHERTY, GRANT, WOODHULL, and SELDEN, were chosen Essayists.

The next annual meeting will be held in Newark.

Meteorological and Hygrometrical Reports.

Through the courtesy of BENJAMIN J. LEEDOM, Esq., of Bluffdale, near Germantown, we shall be able to publish weekly, a complete meteorological and hygrometrical table of observations taken in Philadelphia. This will exhibit the state of the thermometer at three different hours of the day, and the lowest temperature during the night; the height of the barometer will be given daily; a statement will be made of the direction of the wind; and the amount of rain, which falls during the twenty-four hours will be recorded. This will be a valuable addition to our vital statistic tables, which we are anxious to make useful to physicians, and as perfect as possible.

Correspondence.

FOREIGN.

LETTER FROM W. N. COTE, M. D.

GENEVA, *Jan.* 3, 1863.

Thallium.

EDITOR MED. AND SURG. REPORTER:—It appears, from a second communication of M. LAMY on the subject of thallium, that if the discoverer, Mr. CROOKES, at first discovered it to be a non-metallic substance, he was not far wrong. At least Mr. LAMY finds it wanting in one of the chief properties of metals, viz.: The power of conducting electricity and heat, since the effects of induction developed in the metal are of but slight intensity when the circuit of the pole is successively closed and broken. Thallium and its compounds are dia-magnetic, and its density is enormous, being 11.862 or 0.5 more than lead. Its specific heat is 0.0325; its chemical equivalent 204. The aqueous solutions of its salts are not precipitated either by alkalies or alkaline carbonates, or by the yellow and red ferro-cyanides of potash. But hydrochloric acid produces an all but insoluble white precipitate, which is a protochloride. Iodide of potassium, chloride of platinum, and chromate of potash, yield yellow and insoluble precipitates. Zinc precipitates thallium from its solutions, especially from that of the sulphate, in brilliant laminæ variously ramified. Thallium combines with oxygen in two different proportions. The protoxide is soluble in water, to which it imparts alkaline and caustic properties. It is yellow if hydrated, and black in the contrary case. If heated in concentrated alcohol, a part of it is dissolved and a curious compound formed, called *thallic alcohol*, by M. LAMY. It is a limpid oil, possessing great refractive power and a caustic taste. Its density is 3.50. The black peroxide is obtained by burning thallium in oxygen. It is composed of one equivalent of the metal and three of oxygen. It is insoluble and melts at a bright red heat, losing some of its oxygen. The carbonate of thallium is soluble in water, and crystalizes in long prismatic needles of a greyish yellow. The nitrate is the most soluble salt of this metal. There are three chlorides and one sesquichloride, crystalizing in fine, yellow, hexagonal plates. Its density is 5.90.

Tumors of the Brain.

M. FLOURENS, in a recent article, discusses the possibility of healing tumors of the brain. From his experiments effected in 1822, it appears that either the whole brain, or only one of its lobes may be abstracted without causing the death of the subject, which, in all the cases alluded to, recovered completely. The same may be said of the cerebellum. In every mutilation of the brain a hard and yellow substance is formed, which constitutes the scar. Abscesses may be artificially produced in the brain by introducing a leaden ball or any other extraneous substance into it; pus is then formed within

the first ten or twelve hours, but no hemorrhage takes place, nor is there subsequently any formation of the scar producing the substance just mentioned.

The Seat of the Soul.

M. Flourens now proceeds to examine the old question of the seat of the soul, which, he contends, must exist in the brain; but in what part of it? Descartes placed it in the pineal gland; Lapeyronie, on the contrary, in the *corpus callosum*; Willis, in the *corpora striata*; and Vieussens in the *centrum ovale*. Lapeyronie showed that it could not exist in the pineal gland, because the latter was often found ossified or petrified; nor in the corpora striata, because they had been found destroyed without there being any disturbance of the reasoning faculties. Now, M. Flourens observes that the corpus callosum is but a kind of junction, and is wanting in many mammalia, and that Lapeyronie was not aware of the fact that a single lobe is sufficient for the complete exercise of the intellectual faculties. It is idle to seek out a particular part of the frame as the seat of the soul, since all these delicate parts which constitute it, such as the *cornu ammonis*, the *hippocampus minor*, the *corpora fimbriata*, etc., all contribute their share to the vitality of the intellectual functions.

Porcelain Sonde.

Professor Nelaton, in a late clinical lecture, made some interesting observations on the case of General Garibaldi, with reference to the methods he had adopted to set at rest the question so long agitated as to the presence of the projectile which had inflicted the wound. M. Nelaton, on his first visit, had fully convinced himself that the ball was still in the wound, and also at what distance from the surface. Percussion with an exploring instrument gave out a dull, heavy sound, which would not have been produced had the body been simply a necrosed portion of bone. On returning to Paris, M. Nelaton, however, looked for some means of equally convincing others. He contrived a *sonde* with a roughened extremity, like a file, which, by a slight rotatory movement, would be capable of removing some particles of the body it came in contact with. This contrivance was, however, superseded by another. It consisted of a *sonde*, with its termination in a small, olive-shaped body, made of white, unvarnished porcelain, and capable of receiving a stain from a metallic body like lead, which would not be easily effaced. This instrument was forwarded to M. Zanetti, and it was in that way that the professor and his colleagues fully convinced themselves that M. Nelaton's opinion was well founded, and by adopting the method which that gentleman had proposed of gradually dilating the opening of the wound, they have at last happily succeeded in removing the projectile.

Chemical Phenomena of Breathing.

The study of the chemical phenomena resulting from the act of breathing has claimed the attention of many celebrated philosophers, but one of the chief obstacles generally met with by experimentalists, in arriving at a satisfactory result, has been the difficulty of placing the subject, whether a man or an animal, in a condition of every-day life while the experiment was in progress—a desideratum, but imperfectly attained by confining the subject in a small room without any accurate means either of renewing the air in a given proportion, or of letting out a part of it. Through the munificence of the King of Bavaria, Dr. Max Pettenkofer, of Munich, has at length been enabled to construct an apparatus offering every desirable facility for the purpose in view. It consists of a room containing a space of 36.7 cubic feet; its height, length, and breadth are the same, and it may be conveniently furnished with a bed and table, a space being still left to walk about in. The air is renewed by means of a ventilator, and its quantity measured by means of an improved gas meter. It is not allowed to rush in so as to produce an inconvenient draught, but is let in gradually, at the rate of eight-thousandths of one cubic metre per second, which amounts to forty-five cubic feet per hour. But Dr. Pettenkofer may introduce five times that quantity, viz.: 208 ten-thousandths per second, without creating a draught. Some of the results obtained by the Doctor, through the aid of his apparatus, are valuable in a hygienic point of view. He shows, for instance, that the proportion of carbonic acid which, in the open air, amounts to 6 ten-thousandths, may, by respiration in a confined atmosphere, attain one-thousandth before producing a disagreeable sensation. Nor is it exclusively to carbonic acid the sense of oppression we feel in a confined room should be attributed, for we can breathe very well in an atmosphere containing as much as a hundredth part of carbonic acid chemically produced, while the same quantity produced by respiration will poison the air to such a degree as to render it almost insupportable; indeed, the most fetid poisons scarcely contain such a proportion of it. Admitting that the average volume of air introduced into the lungs by inspiration to be five quarts per minute in an adult, the average quantity of carbonic acid ejected by exhalation is 23-hundredths of a quart per minute, or nearly fourteen quarts per hour. Admitting that this carbonic acid only represents two-thirds of the oxygen consumed, and the other third to have been employed in producing water and other oxygenized compounds, there would be a diminution of 6.9 quarts per hour in the volume of air inhaled compared to that of the air exhaled. Dr. Pettenkofer, besides measuring the air of his apparatus with precision, is enabled to charge it with any proportion of carbonic acid by a new process, in which he uses a solution of barytes, and the proportion of aqueous vapor he introduced is measured by the absorbing quality of sulphuric acid. To ascertain the nature of the atmosphere which fills his apparatus, he burns a given quantity of stearine in it, and then measures the carbonic acid produced. In one of his experiments he has ascertained that in a state of inanition a man will exhale six hundred and twenty grammes

of carbonic acid in twenty-four hours, while the same subject, fed with succulent dishes, exhales eight hundred and sixty grammes of the same.

(To be continued.)

DOMESTIC.

DEAF DUMBNESS,

Caused by the Explosion of a Shell.

——— Hospital, Philadelphia.

Editor Med. and Surg. Reporter:—During the battle of White Oak Swamp, while the Sixth Vermont were actively engaged, the enemy commenced throwing shell from their heavy guns, a number of which fell in and about this regiment. A ten-inch shell fell and exploded about ten feet in the rear of private W. C. G., Co. A, tearing his knapsack and clothing from his person and giving him a severe shock, which, he says, caused him to experience a sensation of sinking into the earth. He then lost all power and consciousness. This condition lasted but a short time, and when consciousness returned he was unable to speak or hear. The injury was received on the 30th of June, 1862. The patient was immediately sent to Harrison's Landing, and shortly after transferred to this hospital. The surgeon to whose care he was committed, supposed the difficulty to depend upon an effusion in the fourth ventricle, at the point of the deep origin of the glosso-pharyngeal and auditory nerves, they being the ones whose functions were specially affected. He was put upon a depletory and revulsive treatment, and about seven ounces of blood were taken by cups from the nucha, after which a large blister was applied to the same place; this was accompanied with cold applications to the head, in conjunction with which free catharsis was induced and kept up for ten days; there was, however, no benefit derived from this course. A question now arose as to the propriety of general blood-letting, but, upon consideration, it was not deemed advisable, the case now having assumed the chronic form. An alterative course was instituted, and he was placed upon minute doses of blue mass until there was slight ptyalism, when it was suspended until the effects had, in some degree, passed off, and again continued until there was a repetition of the same sequelæ.

All this time the patient was retrograding, so that it became necessary to sustain his strength. He was therefore placed upon quinine and iron, and began slowly to improve, so far as his general health was concerned, but no change in regard to the primary symptoms was observable. It was now deemed advisable to give electricity a trial, which was accordingly applied, but it caused the patient so much pain that we were obliged to discontinue it; indeed, I think that he did not seem so well for some time after its application. Symptoms of softening of the brain now began to be developed. On or about the 10th of December, I noticed that he had not full power of the left leg, the face became somewhat distorted, and about the 12th of the same month he was seized with a convulsion, lasting for thirty minutes, leaving him in a state of stupor, from which he would start at short intervals, uttering a few incoherent sounds. Upon examination on the following day, I found his mind to be perfectly clear, though he had no recollection of the events of the preceding twenty-four hours. I also found that the act of protruding the tongue was attended with great difficulty; and when protruded, it was in a marked degree drawn to the right side. At times he seems to be improving, and even progresses so far as to be able to utter a few gutteral sounds, when, suddenly, all the symptoms return, each attack being more violent, and leaving him worse than before. Lately he complains of severe pain in the head, which he describes as growing worse daily. His strength is fast failing, and he occupies his bed most of the time. At present, his only treatment consists of mild laxatives, tonics, and good diet. He has been recommended for discharge, and will be but a short time under our care. A change of air, scenery, and circumstances may benefit him, and even prolong his life, but I have little doubt that his disease will, in a short time, terminate fatally.

J. A., M. D.

VACCINE VIRUS.

Matter from the Cow Unsatisfactory.

Terrytown, Pa., *April*, 1863.

Editor Med. and Surg. Reporter:—The small pox has been prevalent in several places, in this county, for six months past, and cases are still occurring. It is generally of the distinct kind, and has rarely proved fatal. Vaccination has been practiced to a considerable extent, but much of the matter has been spurious. In December last, I inoculated the bag of a cow and obtained a few very good scabs. I used some myself, and distributed others over different parts of the county. It took very kindly, producing vesication and pustulation with slight constitutional disturbance, but scabs taken from some of those vaccinated from the cow have, of late, worked very severely, causing vesication, or scabbing, not simply around the puncture, but also over various parts of the body and limbs, and, in children, occasionally upon the face. Whether the fault is in the vaccine, or whether the difficulty arises from a *variolous diathesis* of the atmosphere, I am not fully satisfied. The results have been so bad that for several weeks past I have ceased to vaccinate at all. It does not seem like the ordinary erysipelatous vaccination, which we frequently witness, but more like crusta lactea.

Meeting of the American Medical Association.

I am glad the call for the meeting has been issued. There should be a strong delegation from the old Keystone State. Efforts should be made immediately to get railroad fare for the delegates at reduced rates. The railroads ought to be liberal, for they have been coining money in transporting soldiers

and material for carrying on the deplorable, but patriotic war in which we are engaged for crushing out the most gigantic and wicked rebellion that ever existed.

I suppose, however, that the Committee of Arrangements will see to this matter, and secure as great facilities of travel, etc., as possible, so that our National Medical Congress may, even in troublous times, prove an entire success.

Geo. F. Horton.

MALIGNANT ERYSIPELAS.

Westfield, Ind., *3d Mo.* 31, 1863.

Editor Med. and Surg. Reporter:—We have been having an epidemic of malignant erysipelas in this vicinity, which has been, in many cases, very fatal. I suspect, from the severe chill with which the attack was generally ushered in, that, in some cases, it has been treated like pernicious fever, with large doses of quinine, the effect of which was to determine congestion and inflammation toward the brain.

My own treatment consisted principally in the exhibition of tinctura ferri chloridi, and veratrum viride when indicated by great rapidity of pulse, with the application of tincture of iodine, or occasionally collodion and glycerine, to the affected surface, of course not confining myself to any routine, but meeting indications as they arose, opening consecutive abscesses, etc. I am thankful to say that I have thus far been uniformly successful.

Like Dr. Wagenseller, I am disposed to class diphtheria with erysipelas and typhoid fever, rather than with scarlatina.

Dougan Clark, M. D.

Army and Navy News.

Quarantine Regulations.

General Orders, No. 34—Head-quarters Department of the South, Hilton Head, Port Royal, S. C., April 27th, 1863.—The following Quarantine Regulations for the port of Port Royal, S. C., are hereby established, to be put in operation from and after the tenth day of May, 1863:—

I. Hereafter, the Quarantine Ground will be in St. Helena Sound; at the place designated by a white buoy and flag.

II. It shall be the duty of the master and pilot, of every vessel coming into this port, from this date until further orders (exceepting pilot-boats returning from their ordinary "Cruising Grounds,") to hoist a signal for the Health Officer, and to anchor off the inner buoy, there to remain until visited by him.

III. It shall be the duty of the Health Officer, without unnecessary delay, to visit every vessel made liable to visitation, and ascertain her sanitary condition, and the port from which she sailed; and every vessel having on board any case of yellow-fever, small-pox, cholera, or other infectious or contagious disease; and also, every vessel coming from Key West, Havana, or any other port where yellow-fever may exist, he shall order to the "Quarantine Ground," there to remain as long as he may deem proper.

IV. No person shall be allowed to leave the vessel until she has been examined by the "Health Officer," nor will any communication be had with the vessel until she has been so examined.

V. The fees of the Health Officer for visiting, examining, and certifying vessels arriving at this port, shall be collected from all vessels except those in Government employ, or foreign vessels of war, at the following rates:—

For each vessel from a foreign port.....$6.50
For all other vessels.....2.00

And the money thus collected will be turned over to the Medical Director, for the use of the General Hospitals in this Department.

VI. These Regulations will be strictly enforced by the Health Officer. Should there be any deviation therefrom, or should any of the orders given by the Health Officer to such vessels not be strictly carried out, he will report the fact immediately to the Medical Director of this Department.

VII. Surgeon A. Crispell, United States Volunteers, is appointed Health Officer of this port.

VIII. Any violation of the above Regulations will cause the immediate arrest and imprisoment of the offender.

By command of Major-General Hunter.

Charles G. Halpine,
Lieutenant-Colonel and Assistant Adjutant-General,
Tenth Army Corps and Department of the South.

Calomel and Tartar Emetic Stricken from the Supply Table of the Army.

Surgeon-General's Office, Washington, D. C., *May* 4, 1863.—I. From the reports of Medical Inspectors and the Sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not unfrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the supply table, and that no further requisitions for this medicine be approved by Medical Directors. This is done with the more confidence, as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

II. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the supply table being a tacit invitation to its use, tartar emetic is also struck from the supply table of the army.

No doubt can exist that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration.

W. A. Hammond,
Surgeon-General.

Pension Examining Surgeons.

New York.—Drs. C. B. Coventry, Utica; Elbert Curtis, Ithaca; Joshua B. Graves, Corning; F. R. Wagener, Addison; Livingston Elwood, Schenectady.

Pennsylvania.—Drs. Alexander Stewart, Shippensburg; Manly Emanuel, Linwood.

New Jersey.—Dr. Robert Frazer, Camden.

Wisconsin.—Drs. J. H. Hyde, Lancaster; Daniel L. Downs, Richland Centre; E. Bishop, Portage City; D. B. Eastman, Prairie du Chien; George W. Lee, Shallsburgh; A. C. Webster, Friendship.

Indiana.—Dr. Benj. A. Allison.

Vermont.—Dr. James P. Osborne, Fitchville.

News and Miscellany.

The Medical Society of the State of Pennsylvania.

The following delegates were elected by the *Philadelphia County Medical Society* to the *fourteenth* annual session of the Medical Society of the State of Pennsylvania to be held in this city, on Wednesday, the 10th day of June next:

Dr. William Ashmead.	Dr. William Hunt,
" Wm. B. Atkinson,	" George Hamilton,
" John Bell,	" Wilson Jewell,
" T. E. Beesley,	" R. S. Kenderdine,
" Franklin Bache,	" John F. Lamb,
" Robert Burns,	" Joseph Leidy,
" Joseph Carson,	" William Mayburry,
" D. F. Condie,	" Samuel Murphy,
" James M. Corse,	" Andrew Nebinger,
" William Darrach,	" Robert E. Rogers,
" G. Emerson,	" Alfred Stillé,
" Albert Fricke,	" W. Sargent,
" David Gilbert,	" R. P. Thomas,
" Lewis P. Gebhard,	" Samuel N. Troth.
" Jacob Huckel,	" C. P. Tutt,
" Henry Hartshorne,	" Ellerslie Wallace,
" Nathan L. Hatfield,	" Charles Wittig.

The following are the ex-officio Delegates from the Philadelphia County Medical Society:

Dr. F. Bache.	Dr. William Darrach,
" John Bell,	" John F. Lamb,
" Joseph Carson,	" William Mayburry,
" D. F. Condie,	" J. Henry Smaltz,
" Levi Curtis,	" A. S. Kennedy.

Meeting of Veterinary Surgeons.

A meeting of Veterinary Surgeons was held in this city recently. Mr. WM. B. WISDOM, of Wilmington, Del., was called to act as Chairman. The meeting having been called to order, the Chairman stated briefly the object of the meeting to have as many of the Veterinary Surgeons together as possible, in order to issue a call for a convention, in New York, during the month of June. The Secretary, R. JENNINGS, then read several communications, received from various Veterinary Surgeons in different parts of the United States, expressive of their hearty co-operation in the movement.

The Secretary then offered the following:—

Whereas, Veterinary science in this country has been kept in comparative obscurity, in consequence of its practice having been confined mainly to the hands of men uneducated in the anatomical relations of the various diseases to which our domestic animals are subject, as well, also, as to the action of the practice used in combatting them, this deplorable condition of the veterinary profession has been the means of excluding the qualified veterinary surgeon from the army of the United States, the losses to the National Government in consequence of the purchase of horses unfit for the duties required of them, together with the great mortality among the cavalry and artillery horses, has amounted to many millions of dollars;

Resolved, That the friends of the Veterinary science favorable to forming a National Society for the advancement and diffusion of veterinary knowledge, meet in convention in the city of New York, on Tuesday, June 9th, 1863, for the purpose of permanently organizing a National Association, to carry out the objects as above stated.

Resolved, That advertisements be inserted in one or more of the leading papers of New York, Philadelphia, Boston and Cincinnati, extending invitations to all persons favorable to such an organization to attend the Convention

Dr. MCCLURE then read a code of ethics prepared by him, having in view the better government of the Association.

The paper as read, was on motion postponed for consideration until the meeting to be held in New York on the 9th of June. The meeting than adjourned until that date.

The Sick and Wounded in the Department of the East.

The season having arrived for active operations in the field, and as some of the sick and wounded are arriving each day, we have collected with care the following data as to the hospital arrangements and accommodations in the Department of the East, comprising the New England States, New York, and New Jersey:

Surgeon C. MCDOUGALL, U. S. A., is the Chief Medical Director.

Surgeon WILLIAM J. SLOAN, U. S. A., Assistant Medical Director.

Surgeon WILLIAM F. EDGAR, U. S. A., Examining Surgeon.

Surgeon J. C. DALTON, U. S. A., Medical Director of Transportation.

With this staff the Medical Direction is enabled to secure the utmost promptness and efficiency in all the different hospital matters in this Department.

GENERAL HOSPITALS.

Name.	No. of Patients.	No. of Empty Beds.
David's Island	428	1,176
Fort Schuyler	766	1,169
Bedloe's Island	405	295
Central Park	128	172
Ladies' Home, Fifty-first street	285	115
Newark	392	708
Fort Columbus	69	31
'The Lovell,' Gen'l Hosp'l, Portsmouth Grove	349	607
'The Knight,' General Hospital, New Haven	470	80
Albany	60	55
Brattleboro	181	194
Burlington	60	88
Boston	49	6
Total	4,138	4,696

The Medical Director receives, every day, a morning report from each of these hospitals, and knows their exact condition at a glance. His system of inspection is frequent and very thorough. A record is also kept at the headquarters, No. 458 Broome street, of the name of every soldier sent to this Department—his rank, condition, and to what hospital he is sent, and where he may be found. From this record the Sanitary Commission and the several Soldiers' Relief Associations are furnished with all the items concerning those in whom they are interested.

Conscription Surgeons.

Col. JAMES B. FRY, the Provost Marshal General, has made the following appointments of Surgeons under the act approved March 2d, 1863, for enrolling and calling out the national forces:

New York.—1. John Ordronaux; 2. George S. Woodman; 3. N. L. North; 4. James O'Rourke; 5. Ernest Krakoviser; 6. J. W. Powell; 7. J. R. Vankleek; 8. George F. Woodward; 9. W. H. Thomas; 10. G. B. Upham; 11. John C. Boyd; 12. William H. Pitcher; 13. A. H. Knapp; 14. O. S. Vanderpool; 15. Charles S. Hubbell; 16. George Page; 17. Henry Hewitt; 18. Uriah Potter; 19. Sol. F. McFarland; 20. Edward L. Walker; 21. W. A. Babcock; 22. J. B. Murdock; 23. John H. Knapp; 24. Geo. W. Davis; 25. Zera H. Blake; 26. Samuel B. Foster; 27. Joshua B. Graves; 28. Azel Backus; 29. Peter P. Murphy; 30. John S. Trowbridge; 31. Horace H. Glidden.

New Jersey—1. John R. Stevenson; 2. Richard R. Rogers; 3. Geo. R. Chetwood; 4. William Peirson, jr.; 5. Isaac A. Nichols.

Illinois.—1. J. W. Freer; 2. Aaron Lewis; 3. Chancellor Martin; 4. Charles Cooledge; 5. Thos. Hall; 6. Robert McArthur; 7. H. G. Johns; 8. Z.

H. Whitmore; 9. R. M. Worthington; 10. David Prince; 11. F. R. Payne; 12. Henry W. Wing; 13. Thos. H. Burgess.

Kentucky.—1. W. H. Kidd; 2. A. Walter; 3. Bryan R. Young; 4. Robert B. Winlack; 5. T. S. Bell; 6. E. P. Buckner; 7. S. F. Gano; 8. J. D. Foster; 9. L. N. Buford.

Maryland.—1. Wm. H. Farrow; 2. J. B. Ward; 3. J. T. Murdock; 4. Charles J. Bær; 5. R. E. Dorsey.

The Electric Light in Surgery.

One of the greatest obstacles to the success of a surgical operation is the scanty and imperfect light which, in some cases, is the surgeon's only guide, and is fraught with danger to the patient. The problem, therefore, of finding a light which might be introduced into a cavity with impunity, remained still to be solved—and, from a communication which has been made to the French Academy of Sciences, lately, it would appear that this desirable object has at length been attained in the construction of an ingenious and efficient apparatus. M. Foussagrives having long entertained the idea that the electric light might be advantageously applied to the purpose, communicated his views to M. Duomoncal, a distinguished electrician, who, calling to mind the effects of electricity in vacuo, conceived the following plan: A glass tube, having a very small bore, is bent into the form of a helix or screw—the smaller the bore, the greater the brilliancy of light; by this means a kind of luminous cylinder being formed, which is sufficiently small to be conveniently introduced into a narrow cavity. In determining the color of the light, it was decided that as mixtures of certain gases, such as carburetted hydrogen, carbonic acid, hydrochloric acid, etc., will produce a white light, nothing remained but to fill the tube with such a mixture; this delicate operation was performed by M. Ruhmkorff, who also added other improvements to the apparatus.

MARRIED.

Buehler—Trout.—On the 8th inst., by the Rev. B. Leacock, in St. Stephen's Church, Harrisburg, Pa., Dr. H. B. Buehler, United States Army, and Miss Lizzie C. Trout, of Fulton county, Pa.

Goddard—Barr.—On the 29th ult., in Washington City, by the Rev. Dr. Sunderland, Dr. Chas. E. Goddard, United States Army, and Mary A. Barr, daughter of the late Robert M. Barr, of Pennsylvania.

Hallock—Rigney.—In New York, on Wednesday, April 29, by Rev. Henry Belden, assisted by Rev. R. H. Seeley, William K. Hallock, M.D., and Jennie A., eldest daughter of Thomas Rigney, Esq., both of New York.

Phelps—James.—On Thursday, April 16, Dr. Charles Phelps and Isabel M. James.

Pinkney—Schley.—On Tuesday, April 21, at Frederick, Md., by Rev. Daniel Zacharias, Dr. Howard Pinkney, of New York City, and Clara, only daughter of Maj. Henry Schley, of Frederick.

Sanborn—Jester.—On the 30th ult., by Alderman Charles Weldin, Dr. D. M. Sanborn, of the city of Baltimore, and Miss Amanda Jester, of Kirkwood, New Castle county, Del.

Welch—Wood.—On the 30th ult., at the residence of the bride's parents, by the Rev. Robert C. Matlack, Dr. William Miller Welch and Mary E., daughter of Robert Wood, all of this city.

DIED.

Axtell.—In Jamestown, N. Y., of typhoid pneumonia, April 14th, 1863, Dr. L. V. Axtell, aged 44 years and 9 months. Dr. Axtell had been a practitioner, in southwestern New York, for over twenty years, and acquired a reputation second to no other physician in that portion of the State. He was a man of indomitable perseverance and energy—an honor to that profession which he loved, and to which all his energies were devoted.

Bontecou.—On Sunday, April 19, Horatio Brinsmade, only son of Dr. R. B. and Susan Bontecou, aged 1 year, 5 months and 2 days.

Brower.—At Danbury, Conn., on Wednesday, April 29, Dr. R. F. Brower, aged 39 years.

Darlington.—In West Chester, Pa., on the 23d ult., Dr. William Darlington, in the 81st year of his age.

Deprefontaine.—The *Alta California* announces the death, on March 25th, of Dr. Joseph R. Deprefontaine, commercial editor of that paper. Dr. Deprefontaine was born in Philadelphia, and had reached his fifty-fourth year. In 1827 he received a government appointment to vaccinate the Indians, among whom he spent many years, visiting the regions on each side of the Rocky mountains, and going even to the Pacific ocean.

Duffee.—On the 28th ult., Caroline C., eldest daughter of W. J. Duffee, B. Surgeon, U. S. A.

Gibbs.—In Frewsbury, N. Y., of consumption, on the 19th of March, 1863, Mrs. O. C. Gibbs, wife of Dr. O. C. Gibbs, and sister of Dr. L. V. Axtell, aged 39 years and 7 months.

Hurley.—Near Falmouth, Va., on Tuesday, April 14, at the camp of the 69th regiment, New York Volunteers, of congestion of the brain, Dr. John Hurley, Assistant Surgeon 69th regiment New York State Volunteers, late of New York.

Lewis.—In St. Paul, Minn., on Friday, April 24, George Lewis, M.D., of New York City.

Magruder.—In Washington City, May 1, Dr. Archibald S. Magruder, in the 46th year of his age.

Metcalfe.—On Monday, April 20, Harriet Augusta, wife of John T. Metcalfe, M.D., and daughter of James Colles.

VITAL STATISTICS.	Philadelphia. Week ending May 16.	Baltimore. Week ending May 16.	Boston. Week ending May 9.	Boston. Week ending May 16.
Population in 1860	565,529	212,418	177,812	177,812
Thermometer.				
Highest	.....	.....	.....	.....
Lowest	.....	.....	.....	.....
Mean	.....	.....	.....	.....
Barometer.				
Mean	.....	.....	.....	.....
Mortality.				
Male	154	41	36	36
Female	124	51	33	35
Adults	126	50	34	46
Under 15 years	143	40	.....	24
Under 2 years	90	19	.....	12
Total	278	92	69	71
Deaths in 100,000	48.09	43.31	38.80	39.93
American	210	.....	44	37
Foreign	56	.....	25	34
Negro	13	12	.....	1
I.—Zymotic Diseases.				
Cholera, Asiatic	...	...	...	...
Cholera Infantum	3	...	1	...
Cholera Morbus	...	...	...	...
Croup	1	2	5	1
Diarrhœa	4	...	1	1
Diphtheria	6	2	1	1
Dysentery	...	...	...	...
Erysipelas	1	...	2	...
Fever, Intermittent	...	...	...	...
Fever, Remittent	...	4	...	...
Fever, Scarlet	3	2	4	2
Fever, Typhoid	3	...	2	...
Fever, Typhus	4	...	...	...
Fever, Yellow	...	1	...	...
Hooping-cough	...	...	...	...
Influenza	...	...	...	...
Measles	3	...	...	...
Small Pox	4	2	...	...
Syphilis	1	...	...	...
Thrush	...	...	...	...
II.—Sporadic Diseases.				
Albuminuria	...	...	...	...
Apoplexy	6	2	1	1
Consumption	40	17	10	18
Convulsions	11	1	4	...
Dropsy	12	6	4	1
Gun-shot Wounds	7	...	...	...
Intemperance	...	1	1	...
Marasmus	9	...	...	3
Pleurisy	2	...	...	...
Pneumonia	12	3	...	7
Puerperal Fever	1	...	1	...
Scrofula	4	...	...	1
Violence	...	...	1	...

NOTICE.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. Smaltz,
J. M. Stevenson,
Recording Secretaries.